Sample Letter

HOUSEHOLD MAY HAVE EMPLOYER COMPLETE

This letter cannot be used if the household adult reporting the income is self-employed.

Statement of Earnings

This statement is to confirm that		received th	ne following
(Name of Employee)			
amount of gross income before any deductions such as taxes and social security insurance:	\$		
 Weekly Every Two Weeks Twice a Month Monthly Other: 			
Please indicate the date of the paycheck listed above:			
Signature of Employer		Date	
City	Sta	ate	Zip Code
Telephone Number: ()	_		

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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For more information, visit the CSDE's Verification Web page or contact the school nutrition programs staff in the CSDE Bureau of Health/Nutrition, Family Services and Adult Education, 25 Industrial Park Road, Middletown, CT 06457.

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